



BUSINESSES UNITED FOR WATER SECURITY INSTALLATION GRANT PROGRAM PAYMENT REQUEST FORM

(To be used by water systems when requesting grant payment reimbursement)

GRANT RECIPIENT INFORMATION		
Organization Name: _____		
Project Name/Description: _____		
Mailing Address: _____		
Contact Name & Phone Number: _____		

GRANT ACTIVITY SUMMARY & PAYMENT REQUEST		
Task Completed	\$ Received Previously	Current \$ Request
Task 1 (brief description):		
Task 2 (brief description):		
Task 3 (brief description):		
TOTAL:		

Note: Tasks above refer to tasks listed in Exhibit A & B of the grant agreement.

SIGNATURES	
Grant Recipient	NHDES Authorization to Pay
Signature of Authorized Official:	Signature of NHDES Official:
Printed Name & Title:	Printed Name & Title:
Date:	Date:

Please return this form and proof of work (invoices, pictures, etc.) to:

**Johnna McKenna
NHDES-WSEB
P.O. Box 95
Concord, N.H. 03302-0095**